**YOUNGER IMAGE PLASTIC SURGERY CENTER POLICIES**

**General Appointments**

* We require a valid credit card on file to reserve any and all appointments, including consultations. We require a 24-hour notice to cancel or reschedule an appointment. A $50 fee will be charged for any No-Show, Cancellation or Reschedule which occurs less than 24 hours prior to the date of the initial appointment/treatment.

# Late Arrivals

* Our scheduling is designed to permit the correct amount of time to complete your service. In fairness to others, your appointment/treatment must end on time in order to minimize the impact on others. If you are unable to be on time, we will do our best to accommodate and work your appointment in around existing patient appointments and/or complete as much of your treatment as possible, however with some appointments/treatments, it may be necessary to reschedule you.
* If you are 15+ minutes late for any scheduled appointment/treatment, you will be considered a ‘no-show’ and charged a $50 fee for missing the appointment.

# Insurance Coverage

* We do not participate with any insurance companies. In most cases, cosmetic surgery is not covered by insurance and is required to be paid out-of-pocket by the patient. If you are submitting to insurance yourself, please understand we do not have the ability to provide insurance codes necessary for submitting claims.

**Payment Options**

* We accept Credit Cards *(Visa, Master Card, Discover, American Express),* cash, cashier’s checks, and personal checks. A $100 fee applies for any returned check. A valid credit card number must be on file for any checks that are paid after a service is received.
* Financing: We work with Care Credit Financing and Alphaeon Credit Financing.
* **Care Credit Financing:** We offer 6 months and 12 months no interest or the extended payment plans for 24, 36, or 48 months at a 14.90% interest rate or 60 months at 16.90% interest rate. *Care Credit may not be used for a deposit on surgery or services.*
* **Alphaeon Credit Financing:** We offer 6 months and 12 months no interest or the extended payment plans for 24, 36, 48 or 60 months at a 14.99% interest rate. *Alphaeon may not be used for a deposit on surgery or services.*
* If patient’s surgery/treatment is financed by a line of credit/financing company that is in the name of someone else other than the patient, our center reserves the right to contact the cardholder in order to verify permission to assess charges on the cardholder’s account *(Cardholder Authorization Form/Photo ID Required)* This policy applies to all credit accounts and financing institutions. If the cardholder fails to pay all charges, it is the patient’s responsibility to complete payment.
* We do not offer refunds after services have been rendered.

# Retail Products

* All products are final sale. We do not accept returns, exchanges or issue refunds.

# Skin Care/Laser/Lymphatic Drainage Massage Appointment Scheduling & Cancellation Policy

* No Show to scheduled appointment will be charged $100. This fee can be used as a credit for future treatments.
* If appointment is rescheduled within 24 hours, 1st time rescheduling fee is waived- needs to be rescheduled on the spot (no call backs). Must keep rescheduled appointment day- if patient requests to reschedule their rescheduled appointment for any reason they will be charged $100.
* Card must always be on file.

# Pre & Post-Operative Visits

# Surgeon’s fee includes all Pre & Post-Operative visits for a one-year period.

# All surgeries require one (1) pre-operative appointment 2-3 weeks prior to scheduled procedure date as well as several post-operative appointments to ensure that the patient’s recovery is progressing as it should be *(Post-Op Tx Plan:1/3/6/9/12 Months)*.

# YIPSC encourages complete post-op care and follow-up interaction. It is the patient’s obligation to make sure that all post-procedure appointments are kept as directed. If you believe that you are unable or unwilling to make these visits, please discuss these concerns with Dr. Yousefi prior to surgery.

# Surgery, Other Fees, Cancellation and Rescheduling Policy

We understand that a situation may arise that could force you to cancel or postpone your surgery. Please understand that such changes affect not only our surgeon but other patients as well. Our surgeon’s time, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern. Please do not make any payments until you are certain that you want to proceed with any procedure.

* At the time of scheduling your surgery, a non-refundable $1000 deposit of the surgeon’s fee is required to reserve the operating room time. If the cost of the procedure totals less than $1000 the full amount is due at the time of scheduling. In case of a cancellation prior to two weeks before your surgery date, this fee can be used towards other services offered at our office. The remaining balance of the surgeon’s fee is due two (2) weeks prior to the scheduled date of surgery.
* It is the patient’s responsibility to make sure that the required labs and medical clearances are received by our office two (2) weeks prior to the scheduled surgery date. Should the patient NOT be cleared for surgery due to a medical condition we require written documentation stating, “not cleared for surgery”. The practice will refund the patient the deposit ONLY if the labs and medical clearances are received two (2) weeks prior to the date of the surgery.
* Should surgery be rescheduled for *any* reason within two (2) weeks of the initial surgery date, an additional $1000 will be added to the surgeon’s fee and will be required to reschedule.
* If the patient fails to comply with the Pre-Operative instructions *(ie: eating or drinking after the time specified prior to surgery)* and surgery must be rescheduled, the patient will be charged a $1000 rescheduling fee.
* If the patient arrives more than 20 minutes late on the day of surgery, we *may* have to reschedule the procedure. Should this happen, the patient will be charged a $1000 rescheduling fee.
* Revision surgeries will be determined on a case-by-case bases. Fees may be applicable.
* Additional expenses including but not limited to lab work, pathology, x-rays, mammogram, EKG, prescriptions, medical clearance, and supplies are not included in the surgeon’s fee, and will be the patient’s responsibility if necessary. If laboratory services are performed the use of a third party outside laboratory will be necessary. The patient will be billed separately from the laboratory. The patient is responsible for any fees associated with this. Any questions regarding these services or related charges need to be directed to the appropriate lab.
* Depending on the treatment performed, the patient may be required to have a responsible adult *(Support Person)* to transport them home following the procedure. If for any reason our office must make a decision on the patient’s behalf to solicit the help of a caregiver or arrange a ride due to being under the influence of narcotics, the patient will be responsible for the fees.

# Credit Card or Financing Payment Disclosure

Services that are performed and are paid with a credit card, debit card or financing third party are not eligible for post-care payment challenges after services are provided. As a patient, you hereby agree that this credit, debit card or financing challenge agreement is irrevocable. Should any financial issue arise, you hereby allow the practice to provide the financial institution (i.e. bank, credit card or financing company) with any documentation needed to facilitate a resolution. This includes, but is not limited to, your medical records.

**The following information will be completed on the iPad/Laptop, acknowledging that I have fully read and understand the office policies listed above. All questions and concerns regarding office policies have been addressed and answered to my satisfaction:**

**Patient Name / Date**